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PTO/SB/01 (10-01)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 13312-106
First Named Inventor Randall S. Parker

COMPLETE IF KNOWN

Application Number 10/034,483
Filing Date December 28, 2001
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR INTERCONNECTING MAGNETORESISTIVE MEMORY BITS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12-28-2001 as United States Application Number or PCT International

Application Number 10/034,483 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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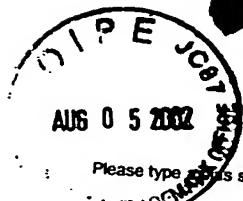
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Alan D. Kamrath			
Address 333 South Seventh Street, Suite 2000			
City Minneapolis		State Minnesota	ZIP 55402
Country USA		612-340-8925 Telephone	612-340-7900 Fax
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Randall Scott		Family Name or Surname Parker	
Inventor's Signature <i>Randall S. S.</i>		Date 1-17-02	
Eau Claire		Wisconsin	USA
Residence: City		State	Country
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Mailing Address			
Eau Claire		Wisconsin	USA
City		State	Country
54703		Zip	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John Jeffery		Family Name or Surname Wagner	
Inventor's Signature <i>John Jeffery Wagner</i>		Date 1-17-02	
Eleva		Wisconsin	USA
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Mailing Address			
Eleva		Wisconsin	USA
City		State	Country
54738		Zip	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/02A (11-00)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname									
Hans Peter				Mikelson									
Inventor's Signature <i>Hans Peter Mikelson</i>				Date 1-17-02									
Residence: City		Eau Claire		State		Wisconsin		Country		USA			
Mailing Address				1103 City View Drive				Citizenship				USA	
Mailing Address													
City		Eau Claire		State		Wisconsin		ZIP		54701			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname									
Inventor's Signature				Date									
Residence: City		State		Country		Citizenship							
Mailing Address				City				State		Zip			
Mailing Address				Country				Citizenship					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname									
Inventor's Signature				Date									
Residence: City		State		Country		Citizenship							
Mailing Address				City				State		Zip			
Mailing Address				Country				Citizenship					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname									
Inventor's Signature				Date									
Residence: City		State		Country		Citizenship							
Mailing Address				City				State		Zip			
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